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Apr 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N15089** (8)

1. Corporation Name

CORNERSTONE FOUNDATION, INC.



Principal Place of Business

Mailing Address

**C/O BERNARD LEE RUSSELL
400 MAITLAND AVENUE
ALTAMONTE SPRINGS FL 32701**

**C/O BERNARD LEE RUSSELL
400 MAITLAND AVENUE
ALTAMONTE SPRINGS FL 32701-5419**

3. Date Incorporated or Qualified **05/23/1986** 3a. Date of Last Report **01/26/1996**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2834045

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RUSSELL, BERNARD LEE
400 MAITLAND AVENUE
ALTAMONTE SPRINGS FL 32701**

81 Name

PERRY L. NIES

82 Street Address (P.O. Box Number is Not Acceptable)

400 MAITLAND AVENUE

83

ALTAMONTE SPRINGS

84 City

FL

85 Zip Code

32701

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Perry L. Nies

(NOTE: Registered Agent signature required when reinstating)

2/14/97

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	RUSSELL, BERNARD LEE	
STREET ADDRESS	2617 TIERRA CIR	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	DAYTON, DAVID T.	
STREET ADDRESS	2600 MAITLAND CTR #268	
CITY-ST-ZIP	MAITLAND FL	
TITLE	VPS	<input checked="" type="checkbox"/> DELETE
NAME	DAYTON, DAVID T.	
STREET ADDRESS	2600 MAITLAND CTR #268	
CITY-ST-ZIP	MAITLAND FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RADER, SHAWN G.	
STREET ADDRESS	215 NORTH EOLA DRIVE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KNUDSEN	
STREET ADDRESS	480 E. WEBSTER	
CITY-ST-ZIP	WINTER PARK FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PDT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PERRY L. NIES	
1.3 STREET ADDRESS	30 MAITLAND GROVES ROAD	
1.4 CITY-ST-ZIP	MAITLAND, FL 32751	
2.1 TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MARION JOHANSSON	
2.3 STREET ADDRESS	402 WINDMEADOWS STREET	
2.4 CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	W. EUGENE PIPKIN	
3.3 STREET ADDRESS	426 HILLDALE LANE	
3.4 CITY-ST-ZIP	MAITLAND, FL 32751	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Perry L. Nies
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/97
Date

407-830-8808
Daytime Phone #0012547

CR2E037 (9/96)